

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001719

1. Entity Name

ARNOLD V. ALLEN POST NO. 166, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90025 016 ****61.25

Principal Place of Business Mailing Address
~~XXXXXXXXXXXX~~ 5730 W. PAUL BRYANT DRIVE
~~CRYSTAL RIVER FL 34429-7522~~ 5730 W. PAUL BRYANT DRIVE
~~CRYSTAL RIVER FL 34429-7522~~ PO Box 916
Homosassa Lions Club Homosassa Springs, Fl. 34447
Homosassa Springs, Fl.

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAIR, RHEUBEN M
5730 W. PAUL BRYANT DRIVE
CRYSTAL RIVER FL 34429-7522

7. Name and Address of New Registered Agent

Name Joseph F Stapleton
Street Address (P.O. Box Number is Not Acceptable) 5 Morning Glory Ct
Homosassa, Fl. 34446-5420
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Joseph F Stapleton*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	HAIR, RHEUBEN M	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		5730 W. PAUL BRYANT DRIVE	
CITY-ST-ZIP		CRYSTAL RIVER FL 34429-7522	
TITLE	V	ANDROSKI, FRANK J	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		5689 W. SARDOCK COURT	
CITY-ST-ZIP		HOMOSASSA FL 34446	
TITLE	S	WALTHER, JOHN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1391 S. PALM AVENUE	
CITY-ST-ZIP		HOMOSASSA FL 34446	
TITLE	T	HALL, GERALDINE E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		P O BOX 1342 N/A	
CITY-ST-ZIP		HOMOSASSA SPRINGS FL 34447-1342	
TITLE	T	SORENSEN, ROBERT H	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		174 N. MESQUITE POINT	
CITY-ST-ZIP		LECANTO FL 34461	
TITLE	T	COADY, RAYMOND	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		460 N. BLUEJACK POINT	
CITY-ST-ZIP		LECANTO FL 34461	

TITLE	P	Joseph F Stapleton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5 Morning Glory Ct	
CITY-ST-ZIP		Homosassa, Fl. 34446	
TITLE	V	John Polito	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		7280 W Autumn St	
CITY-ST-ZIP		Homosassa, Fl. 34446-1720	
TITLE	S	Thomas B Costello	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3218 Camomile Way	
CITY-ST-ZIP		Beverly Hills, Fl. 34465-3830	
TITLE	T	Frank J Androski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		5689 W Sardock Ct	
CITY-ST-ZIP		Homosassa, Fl. 34446-2474	
TITLE	T	Charles G Nutting	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		PO Box 3918	
CITY-ST-ZIP		Homosassa Springs, Fl. 34447-3918	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph F Stapleton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)